

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/1/05</u>		2 Serial/Patent # <u>10/517787</u>									
3 Please refund the following fee(s):			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing				\$						
	Amendment				\$						
	Extension of Time				\$						
	Notice of Appeal/Appeal				\$						
	Petition				\$						
	Issue				\$						
	Cert of Correction/Terminal Disc.				\$						
	Maintenance				\$						
	Assignment				\$						
<input checked="" type="checkbox"/>	Other <i>Search fee adjustment</i>				\$ <u>50</u>						
			7 TOTAL AMOUNT OF REFUND	\$ <u>50</u>							
8 TO BE REFUNDED BY:											
			Treasury Check								
<input checked="" type="checkbox"/>	Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
	Duplicate Payment			<u>9</u> <table border="1" style="display: inline-table;"><tr><td>10</td><td>--</td><td>0</td><td>4</td><td>4</td><td>7</td></tr></table>		10	--	0	4	4	7
10	--	0	4	4	7						
10 REASON:											
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Kayteens (Baltimore)</u>			TITLE: <u>Paralegal</u>								
SIGNATURE: <u>Kayteens</u>			PHONE: <u>(703) 308-9140</u>								
OFFICE: <u>DO/CD</u>			Ext <u>202</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: _____			DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B